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Surgical Solutions

Nicoletti Kidney Transplant Center Takes Swift Action to Address Equity in Transplantation



Drs. Pooja Singh and Jaime Glorioso with Linda Wright, DrNP, RN, CNN, CCTC, Clinical Manager of Abdominal Organ Transplant.

The general public may assume that waitlists for organ transplantation follow a simple tenet: The sicker a patient, the higher their position on the waitlist. But for decades, a formula for kidney transplantation was disadvantaging Black patients. The calculation adjusted these patients' kidney function scores up, which delayed their placement on the list to receive a transplanted kidney.

The Nicoletti Kidney Transplant Center (NKTC) at Jefferson adopted a race-neutral calculation in 2021. In the summer of 2022, the United Network

for Organ Sharing (UNOS), the nonprofit that serves as the nation's transplant system under contract with the federal government, mandated that all programs use the race-neutral formula. Though positive, that change only affected newly diagnosed patients – not those already in the system.

In January 2023, UNOS announced a policy requiring transplant programs across the country to adjust the wait time for Black patients affected by the legacy formula. And the organization gave programs 12 months to make the adjustments for their patients.

"A one-year timeline isn't unreasonable given the amount of complexity involved in identifying and qualifying these patients and producing all the supporting documentation," says transplant surgeon Jaime M. Glorioso, MD. "But at Jefferson, we thought about the situation from the patients' point of view."

For some Black patients, the policy would move them up the list by a few months; for others, it would result in several years of additional time being credited. As Dr. Glorioso recalls, "We asked ourselves, 'If we were these patients and we would be moving from the bottom to the top of the wait list, would we want to wait until November 2023 for the adjustment to be made?'"

Dr. Glorioso says they quickly mobilized a team of 15 people, including administrators and coordinators from the NKTC. They became detectives within the Epic® electronic health records (EHR) system, as well as Care Everywhere®, the application for outside lab results and medical records from other institutions.

"Much, but not all, of the information was digital, so we also had to dig through images of paper charts and reach out to referring nephrologists for additional documentation," Dr. Glorioso notes.

All told, they identified more than 350 Black patients they needed to communicate with and whose charts needed to be reviewed. As they identified patients eligible for additional time, they worked to complete the related documentation and communication on a weekly basis.

As of this writing, the team has completed the

electronic chart review and is still seeking information for a small segment of patients. Most importantly, the NKTC has performed transplants on ten patients who – prior to the new policy – would still be waiting.

"Our kidney transplant program achieved a remarkable milestone," says Pooja Singh, MD, MBA, Beatrice F. Nicoletti Professor of Medicine and Enterprise Director, Kidney Transplant Services. "Numerous team members went above and beyond their traditional roles to achieve the race-neutral time adjustment. The results serve as a resounding testament to our team's extraordinary efforts and reflect our commitment to equitable kidney transplant access."

To learn more about our Kidney Transplant Program, please visit jeffersonhealth.org/kidneytransplant

Jazmin Evans

Jazmin Evans, 29, was diagnosed with kidney disease in 2012 and went on dialysis in 2019. Evans, who is pursuing a doctorate in African-American studies at Temple University, recalls the rush of emotions she felt in the Spring of 2023. That's when she received the letter from the Nicoletti Kidney Transplant Center informing her that she was being credited with 3.5 years of time on the waiting list.

"At first, I thought, 'How does something like this happen?!'" she says. "But I've studied medical racism, so I do understand how. I just never thought I would be personally affected."

Thanks to the wait-time adjustment, Evans received a transplanted kidney much more quickly than she expected.

"I just received my new kidney on July 4, 2023," she says. "From now on, I'll see Fourth of July fireworks as a celebration of my new organ."



Photo by Joseph V. Labolito / Temple University

For some Black patients, the policy would move them up the list by a few months; for others, it would result in several years of additional time being credited.

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Health Care Worker: Burnout Versus Moral Injury



Charles J. Yeo, MD, FACS
Samuel D. Gross Professor and Chairman
Department of Surgery
Senior Vice President and Chair, Enterprise Surgery
Jefferson Health

Much has been written about health care worker (HCW) burnout – defined as a constellation of symptoms which include exhaustion, cynicism and decreased productivity; it has been clearly linked to increased rates of depression, suicide and departure from health care employment. Surveys show that large percentages of HCWs report burnout. We have all read the various studies.

But Talbot and Dean* suggest a different perspective – they opine that the concept of burnout resonates poorly with many HCWs, as it suggests a failure of resilience, grit and resourcefulness (traits present in most HCWs; learned and practiced through long training and demanding work). They posit that burnout is itself a symptom of a larger issue – our inefficient health care system, where HCWs navigate a complex web of conflicted allegiances (patients, self, employers, insurers, third parties, etc.) – resulting in moral injury. The term moral injury originates in the language of war, and was used to describe soldiers’ personal responses to their actions in war – codified by journalist Diane Silver as “a deep soul wound that pierces a person’s identity, sense of morality and relationship to society.” Such a definition resonates with me, as I discuss weekly the challenges we face as HCWs with staff, faculty, trainees and students.

The moral injury of health care is not the offense of killing another human being in the context of war – rather it is being unable to consistently and without excessive burden provide high quality care, preventative health and healing in the context of contemporary U.S. health care.

There is accumulating evidence that progress on this topic in the context of HCWs requires more than employee surveys, wellness programs, teaching mindfulness and meditation, and minor adjustments to schedules and scheduling templates. HCWs deserve leaders (on the national, state and local scene) that acknowledge the human costs and moral injury that stem from a health care system that is challenged with excessive regulation, fails to provide for all citizens and is fraught with multiple competing allegiances. HCWs are a critically valuable commodity for our industrialized society, and they should be treated with respect, allowed autonomy and encouraged to make rational, safe and evidence-based decisions in the best interest of patients. I am optimistic that time and intelligent reform will create a future win-win scenario, where the wellness of our patients is linked to the wellness of all providers.

*Suggested reading – Talbot SG and Dean W. “Physicians aren’t ‘burning out’. They are suffering from moral injury.” July 26, 2018. STAT.

Please Welcome

Our Categorical Interns

Thomas Jefferson University Hospital
Itohan Aikhionbare, MD, Northeast Ohio Medical University

Mia Brownfield, MD, Sidney Kimmel Medical College at Thomas Jefferson University

Saba Daneshpooy, MD, Cooper Medical School of Rowan University

Candice Dunn, MD, Rutgers Robert Wood Johnson Medical School-Piscataway

Mitchell Hirsch, MD, Rutgers New Jersey Medical School

Deirbhile Martin, MD, University of Massachusetts Medical School

Aakash Shingala, MD, Medical University of South Carolina College of Medicine

Jefferson Abington Hospital

Hudson Carter, MD, Sidney Kimmel Medical College at Thomas Jefferson University

Gianfranco Galantini, MD, University of Connecticut School of Medicine

Nnenna Nwaelugo, MD, Medical College of Wisconsin

Jesse Ottaway, MD, Sidney Kimmel Medical College at Thomas Jefferson University

Amanda Stella-Adams, DO, Philadelphia College of Osteopathic Medicine

Jefferson Health – Einstein

Emery Cuellar, MD, Eastern Virginia Medical School

Khuong Nguyen, MD, University of Texas Medical Branch John Sealy School of Medicine

Ian Whittall, MD, University of Connecticut School of Medicine

Jonathan Zirnheld, MD, Lewis Katz School of Medicine at Temple University

‘General Residency Survival Guide’ Offers Practical Advice



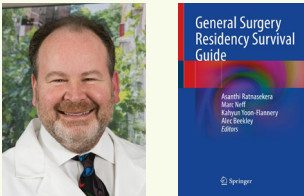
Co-Editor Alec Beekley, MD (seated, 2nd from right), with some of the contributing authors.

There were no work-hour restrictions when Professor of Surgery Alec C. Beekley, MD, was completing his own surgical training in the 1990s. Back then, he says, it wasn’t uncommon to be at the hospital for days at a time or to work for 30 hours straight.

“The old adage in surgery was, ‘if you’re only on call every other night, you miss half the good cases,’” he says.

Today’s surgical residents are training in a different era – one in which there’s greater awareness of the risk of burnout among healthcare providers. There are also restrictions on the number of hours residents can work and be on call.

“Physicians in general need to learn self-care and to protect themselves while going through very challenging training,” says Dr. Beekley, who leads Jefferson Health’s Bariatric and Metabolic Surgery Program at the Philadelphia Navy Yard. “There’s been a recognition that while medicine is a calling, it doesn’t have to cause them mental and physical problems.”



Marc A. Neff, MD

Even with the guardrails now in place, surgery residency still introduces a host of challenges. A new book – with Dr. Beekley as one of four editors – offers practical advice on navigating them. The brainchild of Marc A. Neff, MD, Medical Director of the Center for Surgical Weight Loss at Jefferson Cherry Hill Hospital, *General Surgery Residency Survival Guide* covers basic skills, relationships, finances, academics, clinical duties, leadership and

ethics across 49 chapters.

Dr. Neff asked Dr. Beekley to oversee most of the academic chapters, including those about identifying a mentor, developing surgical skills, expanding knowledge and preparing for oral boards. He recruited general surgery residents at Thomas Jefferson University Hospital to write the chapters and then edited their drafts to ensure consistency and cohesion.

“These faculty and resident collaborations are excellent opportunities for career advancement and professional development,” says Karen A. Chojnacki, MD, who serves as Program Director for the General Surgery Residency.

Contributing authors include Lisa A. Bevilacqua, MD, (a 2023 graduate of our residency program who is now a Cardiothoracic Surgery Fellow at Brigham & Women’s Hospital in Boston, MA), current residents Micaela Collins, Madison Crutcher, Emily Isch, Ryan Lamm, Walker Lyons, Devon Pace, Sourav Podder, William Preston, Uzma Rahman, Darshak Thosani, Brian Till and Lindsay Weil, as well as medical student Shale Mack.

“It was fascinating to read some of the residents’ thoughts about their training and contrast it with what I went through,” says Dr. Beekley, who also spent 19 months as an Army surgeon in Iraq and Afghanistan. He previously edited *Front Line Surgery: A Practical Approach*, a manual for surgeons deploying to war. Another editing project – the third edition of a general surgery oral boards review book – is already in the works, with about 40 chapters to assign.

General Surgery Residency Survival Guide and *Front Line Surgery: A Practical Approach* are available for purchase at link.springer.com.

Jefferson Breast Surgeon Selected for Second Cohort of Robert A. Winn Career Development Award



Career Development Award recipients Drs. Adeseye Adekeye and Olugbenga Okusanya, are working closely with mentor Nicole Simone, MD (center), Vice Chair of Research & Diversity, Equity & Inclusion in the Department of Radiation Oncology.

The Bristol Myers Squibb Foundation established the Robert A. Winn Career Development Award (CDA) to increase diversity in clinical trials and transform the clinical research landscape. The program aims to improve representation among two key populations: patients participating in trials as well as the clinicians and scientists leading clinical trials.

Assistant Professor of Surgery Adeseye Adekeye, MD, PhD, is one of 64 early-stage investigators selected for the second cohort of the Winn CDA program. The program funds \$120,000 a year for two years, with the awardees spending at least 40% of their time on the program. Dr. Adekeye and the other awardees participate in biweekly education and

training sessions. So far, the meetings have covered the history of clinical trials, a variety of topics related to diversity in clinical trials, design of clinical trials, and different tools to support recruiting of underrepresented minorities. Career development sessions are also included to ensure the continued growth and success of the awardees.

“Communication with the community is key to changing underrepresentation,” Dr. Adekeye says. “We need to educate people on what to demand from their providers and what they are entitled to as patients.”

She adds, “We also need to explain the benefits of clinical trials and why it’s so important to be included. When groups are excluded, the results of the study may not apply to them. As we move toward more personalized medicine, we need more people from diverse populations to join clinical trials,” explains Dr. Adekeye, who has a doctorate in Biochemistry/Molecular Biology and joined Jefferson Health in August 2021 as a breast surgeon.

As part of the Winn CDA, Dr. Adekeye is being mentored by radiation oncologist Nicole Simone, MD, and is collaborating with her on a study.

“The current standard of care is to administer radiation after surgery,” explains Dr. Adekeye. “We’re going to investigate the outcome when radiation is delivered before surgery.”

Associate Professor and new Vice Chair for Inclusion, Diversity and Equity in the Department of Surgery, Olugbenga Okusanya, MD, was selected as part of the first Winn CDA

cohort. Now in his second year of the program, he is also working with Dr. Simone on an investigator-initiated trial studying how changes in surgical technique can decrease the amount of free-circulating tumor DNA in patients with lung cancer.

“The research could potentially change the way hundreds of thousands of lung resections are performed each year,” explains Dr. Okusanya. Patient enrollment is now underway.

As we move toward more personalized medicine, we need more people from diverse populations to join clinical trials

On the Job

New Faculty



Kenneth A. Andreoni, MD, has joined the Division of Transplant Surgery as Surgical Director of our Kidney Transplant Program. Dr. Andreoni is a graduate of Yale University School of Medicine. He then went to Johns Hopkins Hospital where he completed his surgical residency, a research fellowship in Transplant Immunology and an Advanced Gastrointestinal Surgery fellowship. From there, he went on to complete an additional fellowship in Clinical Transplantation at the Division of Abdominal Transplantation at Ohio State University. He cares for patients at the Nicoletti Kidney Transplant Center at Thomas Jefferson University Hospital.



Wassim G. El-Habre, MD, has joined the Division of Acute Care Surgery. Dr. El-Habre is a graduate of the Odessa Medical Institute in Odessa, Ukraine. He completed the General Surgery Residency Program at Sound Shore Medical Center in New Rochelle, NY, followed by a Trauma/Critical Care fellowship at Boston Medical Center. He cares for patients at Thomas Jefferson University Hospital and Lankenau Hospital.

Honickman Center to Include Employee Wellness Space

Jefferson's Honickman Center is being built to create an exceptional patient experience that combines comfortable, healing spaces with the convenience of many care services in a single location. In addition to supporting patients' health and well-being, the building will offer an abundance of resources to support employee wellness.

"The COVID-19 pandemic revealed just how difficult it can be to work in healthcare," explains Catriona McDonald Harrop, MD, Senior Vice President of Jefferson Medical Group and Clinical Associate Professor of Medicine. "The pandemic also compounded longstanding challenges related to stress and burnout among care teams."

Alongside growing emphasis on more holistic healthcare for patients, Jefferson is investing in resources to provide whole-person support to physicians, nurses and other clinical staff. As Dr. Harrop explains, "Jefferson has gradually expanded

our framework to support our people's health and wellbeing. We're using two evidence-based models – the Substance Abuse and Mental Health Services Administration's eight dimensions of wellness, which we call 'Holistic Health,' and Stanford University's three-domain model of professional fulfillment."

Earlier this year, Jefferson introduced the Jefferson Wellbeing Council to guide implementation of these practices. This council has created a standard of wellbeing for all Jefferson employees across the enterprise. To support that standard, the sixth floor of the Honickman Center is being designated as the Staff Support floor.

The Staff Support floor will feature an Employee Wellness Center – more than 1,000 square feet of workout equipment and yoga zones with beautiful views of the city below. There will also be lounges, a lactation room, offices and conference rooms.

"These spaces will all be reserved for Jefferson care teams and employees to help them relax, unwind and reconnect," says Dr. Harrop.



The Employee Wellness Center is being built with generous support from Dr. Harrop, Drs. Charles and Theresa Yeo, and other department chairs within Jefferson Health. The Office of Institutional Advancement invites Jefferson leaders, clinicians and patients to make a gift – or name a space in the gym – to send a powerful message of support to Jefferson's care teams.

Use the QR code to explore opportunities to express your gratitude and support.



Jefferson Health Surgical Solutions

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News in Brief



Scott W. Cowan, MD, has been promoted to Professor. Dr. Cowan is also the Enterprise Medical Director of Risk Management for Jefferson Health.



Hien Dang, PhD, was awarded a National Institutes of Health R01 grant supporting "Deciphering the role of NELFE in modulating MYC signaling in hepatocellular carcinoma." Dr. Dang is one of 11 scientists selected for the inaugural cohort of Cancer Moonshot Scholars, President Biden's program to support outstanding early-career researchers.



Aditi Jain, PhD, has been promoted to Research Assistant Professor. She was recently awarded a National Institutes of Health (NIH) Investigator-Initiated Small Research Grant (R03)

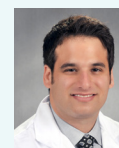
entitled "Elucidating the relevance of BARD1-PLK1 interaction in Pancreatic Ductal Adenocarcinoma (PDAC) and response to therapy."



Melissa A. Lazar, MD, has been promoted to Associate Professor. She specializes in breast surgery and cares for patients at Jefferson Methodist Hospital and Thomas Jefferson University Hospital.



Olugbenga T. Okusanya, MD, has been promoted to Associate Professor. Dr. Okusanya was also recently name the inaugural Vice Chair for Inclusion, Diversity and Equity in the Department of Surgery. He specializes in thoracic surgery and cares for patients at Jefferson Einstein Hospital, Jefferson Methodist Hospital, and Thomas Jefferson University Hospital.



Matthew M. Rosen, MD, has been promoted to Clinical Assistant Professor. Dr. Rosen specializes in acute care, trauma, and general surgery. He cares for ICU patients at Thomas Jefferson University Hospital (TJUH) and patients at Paoli Hospital's Level II Trauma Center (staffed by TJUH trauma surgeons).



Vakhtang Tchantchaleishvili, MD, has been promoted to Associate Professor. He specializes in cardiac surgery and cares for patients at Thomas Jefferson University Hospital.

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